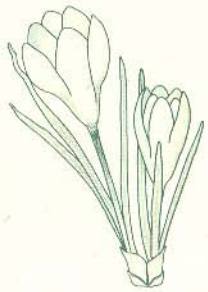
Idaho Department of Health and Welfare

Idaho Disease Bulletin



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Changes to Reportable Diseases in Idaho

The list of diseases and conditions which doctors and labs are required to report to the health department is periodically examined for its content. Changes in state and national disease trends necessitate such critical review. Improvements in the list of reportable diseases will enhance our ability to identify and intervene in disease transmission.

The list was last updated in 1992. Since then some important diseases have emerged in our population requiring public health providers' services to evolve; these include the Hantavirus Pulmonary Syndrome and non-O157:H7 toxigenic *E. coli*. This year the legislature approved the following changes to the reportable diseases list:

Additions:

- Cryptosporidiosis
- Toxigenic non-O157:H7 *E. coli*
- Hantavirus Pulmonary Syndrome
- Hemolytic Uremic Syndrome
- Listeriosis
- Clusters of unusual illness (even in the absence of an etiologic agent)

The HTLV category has been expanded from HTLV-1 to any HTLV detected.

Herpes simplex virus will no longer be reportable.

New Posters are Coming!!
Look for the new and improved list of reportable diseases to arrive in your office by mid-April.
The old ones were pink; the new ones are lavender.

Another noteworthy area that has been upgraded in the new version is time to report requirements. You will note when you receive the new "Reportable Diseases" poster, that the time from patient visit to reporting has been altered for several important pathogens; for example, anthrax was previously reportable within 1 working day and now is reportable immediately, day or night.

INSIDE:

The ability to affect a public health intervention hinges on timely health department notification. The more timely you as health care providers report your cases the better likelihood that health department representatives can conduct investigations and halt the spread of disease.

These changes were examined by the IMA Public Health Subcommittee, all seven district health departments, opened for public comment, and ultimately approved by both the House and the Senate Health and Welfare Subcommittees. These changes will be adopted at the close of the current legislative session.

The summary of diseases and conditions reported within the state of Idaho in 1999 is shown in the following table. A sexually transmitted diseases summary for 1999 will be in the next issue.

1999 Year-end Totals
Idaho Reportable Diseases*

Amebiasis (2)	Legionella (3)
Aseptic meningitis (6)	Listeriosis (1)
Blood lead>10mg/dl (109)	Lyme disease (3)
Botulism (infant) (1)	Malaria (3)
Campylobacter (198)	Mumps (4)
Colorado tick fever (1)	N. meningitidis, inv (14)
Cryptosporidiosis (8)	PCP (2)
E. coli O157:H7 (78)	Pertussis (146)
Giardia (134)	Rabies (5 bats, 1 horse)
H. influenza, invasive (2)	Relapsing fever (1)
Hantavirus (3)	Salmonella (135)
Hemolytic uremic syn (2)	Shigella (28)
Hepatitis A (47)	Strep Gp A, invasive (7)
Hepatitis B (acute) (29)	Tuberculosis (16)
Hepatitis B AB (53)	Tularemia (1)
Hepatitis B (chronic) (26)	Viral meningitis (5)
Hepatitis C AB (971)	Yersiniosis (1)
Hepatitis C (acute) (8)	

* ( ) = number of cases

Comparison of data from 1999 with 1998 summary data demonstrates a rise in E. coli and Salmonella and a reduction in pertussis cases. More detailed information on such comparisons will be found in the next issue.

OUTBREAK REPORT:
"*SHIGELLA SONNEI* FOUND IN FIVE-LAYERED FIESTA DIP"

In January, Boise and Lewiston stores received shigella-contaminated Senior Felix's Five-layered Fiesta Bean Dip, Trader Joe's Five-layer Fiesta Dip and Delicioso Five-layer Fiesta Dip. On Jan. 25th, FDA issued a recall to all stores receiving the contaminated product. Just prior to the recall notice, district health departments in those areas were notified of, and investigated, several clusters of probable shigellosis, all associated with attending social gatherings where bean dips were consumed. Ultimately 12 cases of *Shigella sonnei* were confirmed by the State Laboratory to match each other and match the strain found in the contaminated products. An additional 8 suspected cases were also linked to the product. Laboratory comparisons were made by pulsed-field gel electrophoresis (PFGE).

The Idaho cases were part of a large multi-state outbreak which included ID, WA, OR, NV, AZ, IL, NM, and AK. No new cases have occurred since the FDA food recall.

INFLUENZA IN IDAHO
1999-2000 SEASON SUMMARY

Peak influenza activity struck the United States 4-6 weeks earlier than peak activity during the 97-98 and 98-99 flu seasons but occurred at approximately the same time as the 95-96 and 96-97 seasons. Flu activity in Idaho peaked in late December '99 and early January '00, and then rapidly dropped off.

The first Idaho death attributed to flu was reported during the first week of November, with a total of 23 flu-related deaths as of this printing (Figure 1). This compares to 36 deaths last season attributed to influenza or complications of influenza, and 27 deaths the season prior to that. Only one death attributed to influenza has been reported since mid-February. A single case of influenza A subtype H1N1 was reported in March; otherwise all viral isolates characterized by the State Laboratory this season were influenza A subtype H3N2.

The Centers for Disease Control and Prevention (CDC) has antigenically characterized 380 influenza viruses received from U.S. laboratories since October 1. The vast majority of these strains (94%) were similar to the strain A/Sydney/05/97-like (H3N2) in this year's vaccine. Of the17 influenza A(H1N1) viruses antigenically characterized, 9 (35%) were strains similar to those in the vaccine. All 4 of the influenza B viruses antigenically characterized were similar to B/Beijing/184/93, which is represented in the current vaccine by B/Yamanashi/ 166/98.

Influenza is not officially reportable in Idaho. The Vital Statistics office collects information on deaths due to influenza (discussed above); however, data

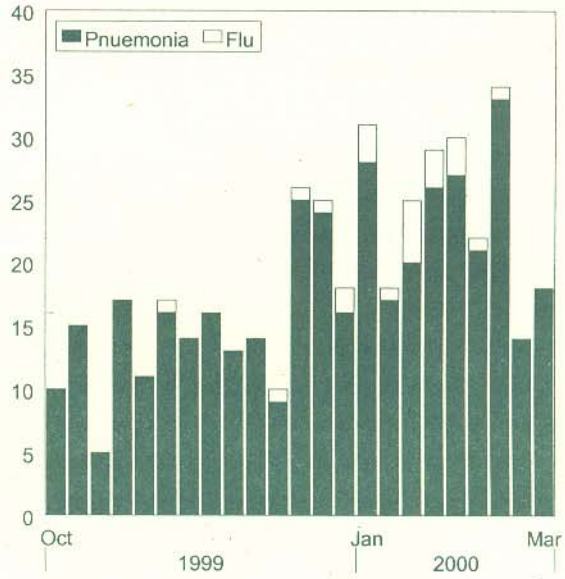

Figure 1. Idaho deaths due to pneumonia and influenza, 1999-2000 season

regarding flu trends in our population are gathered only by voluntary sentinel physician activities.

Sentinel physicians in Idaho participated in influenza field surveillance in two ways: either by reporting disease trends in their office on a weekly basis or by sending nasopharyngeal swabs to the State Laboratory for virus isolation and characterization.

Six offices within Idaho originally agreed to participate in the disease trend surveillance by reporting all cases compatible with influenza directly to CDC on a weekly basis. At the end of this flu season, only two of the six offices actually carried out that function. On the other hand, 98% of the 33 sites participating in the virus strain survey participated successfully.

We would like to see more consistent sentinel participation at the national level. We encourage physicians to participate next year in the national effort to collect

such valuable trend data. New participants are encouraged. Please call Colleen Greenwalt at 334-2235, ext. 229 if you are interested in participating in next year's flu surveillance. Methods to make such participation more amenable and less burdensome for the practitioner will be explored before the next flu season.

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